

## PROTOCOL FOR ANTIBIOTIC PROPHYLAXIS IN THE ELECTROPHYSIOLOGY LABORATORY 10-27-2014

General principles of pre-operative surgical antibiotic prophylaxis at the Hospital of the University of Pennsylvania will be followed. This document is for clarification of the special circumstances of antibiotic prophylaxis in the Electrophysiological Laboratories.

**Anesthesia providers will be responsible for selecting the antibiotic and the dosage for each case,** which can be modified on the direct request by the electrophysiologist. The antibiotic, the dose, and the time of administration will be recorded in the anesthesia record by the anesthesia provider.

### GENERAL PRINCIPLES:

First dose of antibiotic should be given within 60 minutes of procedure start except with vancomycin which should be given within 120 minutes of procedure start

Re-dosing of antibiotic is provided when procedure exceeds two half-lives of the antibiotic, or if there is a >1500 mL blood loss (>20 mL/kg blood loss in patients <70 kg).

**Cefazolin dosing:** 2 grams IV for patients weighing < 120 kg, and 3 grams IV for patients weighing  $\geq 120$  kg. Cefazolin can be used in patients with a penicillin allergy as long as the allergy does not entail the presence of hives, wheezing, airway/tongue swelling, anaphylaxis, or severe idiosyncratic reactions such as Stevens-Johnson Syndrome or toxic epidermal necrolysis.

**Vancomycin dosing:** 1 gram IV for patients <80 kg; 1.25 grams IV for patients 80-109 kg; 1.5 grams IV for patients 110-149 kg; and 2 grams IV for patients over 150 kg. Vancomycin should be given slowly over at least an hour.

**Redosing:** Based on alerts provided by EPIC, the antibiotic should be re-dosed in cases that last longer than the half-life of the antibiotic.

### SPECIFIC PROCEDURES:

Antibiotic Prophylaxis should ALWAYS be used in the following cases:

Placement of a pacemaker, ICD, leads or generator.

Extraction of a pacemaker, ICD, leads or a generator

Procedures where access is gained through the groin and the patient has an existing pacemaker, ICD, artificial heart valve or either existing or corrected congenital heart disease.

Note: Patients coming to the electrophysiology laboratory receiving antibiotic treatment for existing medical conditions should have their antibiotics continued with proper timing and dosages based on the on-going therapy.